

The SEND Reforms: A guide to Education, Health and Care plans

About this Guide:

Part 3 of the Children and Families Act 2014 and the Special Educational Needs and Disability Regulations 2014 set out the statutory requirements for an Education, Health and Care (EHC) assessment and plan, including key content that local authorities must include in a plan. The *Special educational needs and disability code of practice: 0 to 25 years* provides statutory guidance which local authorities and other public authorities must have regard to when drawing up EHC plans.

This document brings together the primary and secondary legislation, the statutory guidance in the SEND Code of Practice on completing the different sections of EHC plans and additional notes including key points from other relevant parts of the legislation and guidance from the Council for Disabled Children. It is designed to support the completion of person-centred, legally compliant EHC plans.

Section 19 of the Children and Families Act 2014 requires local authorities to have regard to a set of core principles when carrying out their functions under Part 3 of the Act. When they are conducting EHC assessments and completing EHC plans, local authorities must have regard to:

- the views, wishes and feelings of children and their parents, or the young person;
- the importance of the child and their parents, or the young person, participating as fully as possible in decisions;
- the importance of child and their parents, or the young person, being provided with the information and support they need in order to participate in decision-making;
- the need to support parents, children and young people so that children and young people achieve the best possible educational and other outcomes.



Section A: The views, interests and aspirations of the child & their parents, or young person. Regulation 12(1)(a) - Special Educational Needs and Disability Regulations 2014

What to include in each section of the EHC plan.	Additional guidance.
<p>p. 153-158, SEND Code of Practice (CoP)</p> <ul style="list-style-type: none"> • A summary of the child or young person’s history. • Details about the child or young person’s aspirations for the future, including aspirations relating to paid employment, independent living, and community participation. • A summary of how to communicate with the child or young person and how to engage them in decision-making. • If written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented. <p>See paragraph 9.62 -9.67 of the SEND CoP for more detail on aspirations.</p>	<ul style="list-style-type: none"> • The plan should be focused on supporting the child or young person to achieve the aspirations set out in <i>Section A</i>. Historical information should be kept to a minimum. • The long-term aspirations of the child, young person and/or their parents should be identified as early as possible. The outcomes (<i>Section E</i>) in the plan should then be written in a way that supports the achievement of the aspirations in <i>Section A</i>. • Aspirations are not outcomes. Local authorities and other services are not responsible for long-term aspirations in the same way that they are for outcomes. • As a child gets older, and particularly as they move towards adulthood, what were aspirations at an earlier stage may become achievable outcomes (e.g. getting to college may become an achievable shorter-term outcome rather than a longer-term aspiration).

Section B: The child or young person’s special educational needs (SEN). Regulation 12(1)(a) - Special Educational Needs and Disability Regulations 2014

What to include in each section of the EHC plan.	Additional guidance.
<p>p. 153-158, SEND CoP</p> <ul style="list-style-type: none"> • All of the child or young person’s identified special educational needs must be specified. <p>Paragraph 9.52, SEND CoP</p> <ul style="list-style-type: none"> • Advice and information requested by the local authority must be provided within six weeks of the request. 	<ul style="list-style-type: none"> • The content of this section should draw on the professional advice attached in <i>Section K: Advice and Information</i>. If the local authority has chosen to interpret the advice in a particular way, or if there is conflicting advice, then the local authority should set out the reasons for its conclusions in this section.

Section C: The child or young person's health needs which relate to their SEN
Regulation 12(1)(c) - Special Educational Needs and Disability Regulations 2014

What to include in each section of the EHC plan.

p. 153-158, SEND CoP

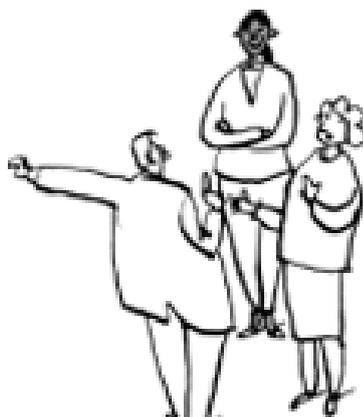
- The EHC plan must specify any health needs identified through the EHC needs assessment that relate to the learning difficulty or disability that results in a child or young person having SEN.
- The plan can also specify any other health care needs that are not related to the child or young person's SEN (e.g. a long term condition).

Paragraph 9.70, SEND CoP

- Relevant local clinicians, such as a community paediatrician, will participate in the development of the child or young person's EHC plan, advising on the child's needs and the provision to meet them.
- CCGs must ensure that commissioned services are mobilised to participate in the development of EHC plans.

Paragraph 9.52, SEND CoP

- Advice and information requested by the local authority must be provided within six weeks of the request. This includes requests for advice and information from CCGs and NHS England. The only exemptions to this are if there are exceptional circumstances affecting the child, their parents or the young person.



Additional guidance.

- The health needs that must be identified in this section are those related to the learning difficulty or disability that results in a child or young person having SEN. If the child or young person has other health needs that are not related to their SEN then these should also be included in this section unless there is a good reason not to include them.
- Under section 26(4)(a) of the Children and Families Act 2014, local authorities and Clinical Commissioning Groups (CCGs) must have joint arrangements in place for carrying out EHC assessments. These arrangements should set out how the local authority can request appropriate medical and health information from them and how the relevant health professional(s) will respond.
- The Designated Medical/Clinical Officer should play a key role in EHC assessments, ensuring information about the process is promoted to all relevant health professionals and acting as point of contact for enquiries.
- The local authority has the final decision about the content of Section C of a plan, but should base this decision on the medical advice attached in *Section K: Advice and Information*. All the health needs identified during the EHC assessment should be listed in Section C.
- The content of this section should draw on the professional advice attached in *Section K: Advice and information*. If the local authority has chosen to interpret the advice in a particular way, or there is conflicting advice, then the local authority should set out the reasons for its conclusions in *Section C*.

What to include in each section of the EHC plan.

Additional guidance.

Paragraph 9.46, SEND CoP

- The local authority must gather advice from relevant professionals about the child or young person's care needs and care provision that may be required to meet identified needs and achieve desired outcomes.

p. 153 - 158, SEND CoP

- The local authority may also choose to specify other social care needs which are not linked to the child or young person's SEN or to a disability.

Paragraph 9.52, SEND CoP

- Advice and information requested by the local authority must be provided within six weeks of the request.

- Section 36(2) of the Children and Families Act 2014 states that an EHC assessment is an assessment of the education, health care and social care needs of a child or young person.
- *Section D* must specify all social care needs identified during the assessment which relate to the special educational needs or to a disability. At this stage it is not necessary to specify which of these needs are eligible for support.
- Whether a child or young person has eligible needs under the relevant legislation will need to be determined after the assessment process has been completed and in accordance with the relevant statutory guidance and any local authority policy.
- Once the evidence has been gathered, a local authority will need to satisfy itself whether or not the child or young person has eligible needs under:
 - the Chronically Sick and Disabled Persons Act 1970 (CSDPA);
 - the Children Act 1989;
 - the Care Act 2014 (for a young person over 18).



Section E: The outcomes sought for the child or the young person
Regulation 12(1)(e) - Special Educational Needs and Disability Regulations 2014

What to include in each section of the EHC plan.	Additional guidance.
<p>Paragraphs 9.62 - 9.67, SEND CoP</p> <ul style="list-style-type: none"> • Benefit or difference made to an individual as a result of an intervention. Outcomes are not a description of service being provided. • Outcomes will usually set out what needs to be achieved by the end of a phase or stage of education. • Outcomes should be specific, measurable, achievable, realistic and time bound (SMART). • The EHC plan should also specify the arrangements for setting shorter term targets at the level of the school or other institution where the child or young person is placed. Professionals should, wherever possible, append these shorter term plans and targets to the EHC plan. <p>p. 153 - 158, SEND CoP</p> <ul style="list-style-type: none"> • When an EHC plan is ceased for a young person aged over 18, regard must be taken of whether the education and training outcomes have been achieved. Therefore for young people aged over 17, the EHC plan should identify clearly which outcomes are education and training outcomes. 	<ul style="list-style-type: none"> • Outcomes should be written in a way that helps children and young people towards the achievement of their aspirations (<i>Section A</i>). The plan should be clear how SMART outcomes link to their longer term aspirations. • Outcomes should be challenging and be based on high expectations of what a child or young person can achieve. • Outcomes are not provision. • Outcomes can be joint across education, health and social care. For young people over 17, the education and training outcomes need to be separately identified. • The Code states that outcomes will usually set out what needs to be achieved by the end of a phase or stage of education. Sitting beneath the outcomes in <i>Section E</i>, it may be helpful to identify steps that might be taken to move towards the outcomes.

Section F: The special educational provision required by the child or the young person
Regulation 12(1)(f) - Special Educational Needs and Disability Regulations 2014

What to include in each section of the EHC plan.

Additional guidance.

p. 153 - 158, SEND CoP

- Provision must be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise.
- This section must specify all the special educational provision that the LA considers appropriate to meet each and every need identified in Section B (special educational needs).
- There should be a clear link between the special educational provision and the outcome it is intended to support.
- It should be clear how advice and information gathered has informed the provision specified. Where the local authority has departed from that advice, they should say so and give reasons for it.

Paragraphs 9.73 - 9.76, SEND CoP

- Health or social care provision which educates or trains a child or young person must be treated as special educational provision and included in Section F of the EHC plan.
- As communication is so central to education, speech and language therapy must normally be recorded as educational provision unless there are exceptional reasons for not doing so.

- This section should not include terms such as *regular, often, access to, now and again, when required*.
- Rather than allocate undifferentiated hours of support, local authorities should divide the hours of teaching, specialist teaching or support assistant time into activities designed to meet the outcomes in the plan.
- Local authorities should ensure that provision specified in Section F is actually *special* educational provision, and not provision that is ordinarily available. For example, reference in a plan to a 'broad and balanced curriculum' is not necessary, as this is part of universal educational provision.
- The local authority is responsible for arranging all the provision in *Section F*, irrespective of who actually delivers it.



Section G: Any health care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN
Regulation 12(1)(g) - Special Educational Needs and Disability Regulations 2014

What to include in each section of the EHC plan.	Additional guidance.
<p>p. 153 - 158, SEND CoP</p> <ul style="list-style-type: none"> • Provision should be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise. • There should be a clear link between the health care provision and the outcome it is intended to support. • It should be clear as to how advice and information gathered has informed the provision specified. • Health care provision reasonably required may include specialist support and therapies, such as; medical treatments and delivery of medications, occupational therapy and physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies. It could include highly specialist services needed by only a small number of children which are commissioned centrally by NHS England. • The local authority and CCG may also choose to specify other health care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities, but which should sensibly be co-ordinated with other services in the plan. 	<ul style="list-style-type: none"> • This section should specify all the health care provision that the local authority and the responsible commissioning body agree is appropriate to meet the needs identified in <i>Section C: Health Needs</i>. • This section should clearly set out in practical terms how the provision will contribute to meeting the outcomes set out in <i>Section E</i>. • Health provision that is commissioned by a CCG or NHS England but “educates or trains a child or young person” must be placed in Section F (special education provision). • Local partners should adopt an approach where all the health provision required by the child or young person is included in <i>Section G</i> unless there is a good reason not to do so. • This provision in this section may involve any services, including all universal, targeted and specialist services, commissioned by a CCG or NHS England. • Under section 26(3)(g) of the Children and Families Act 2014, local authorities and Clinical Commissioning Groups (CCGs) must have disagreement resolution procedures in place. These should be used where there is a disagreement between the local authority and the responsible commissioning body about the health care provision to be specified in an EHC plan.

What to include in each section of the EHC plan.

Additional guidance.

Paragraph 9.71, SEND CoP

- The health care provision specified in section G of the EHC plan must be agreed by the CCG (or where relevant, NHS England) and any health care provision should be agreed in time to be included in the draft EHC plan sent to the child's parent or to the young person.

Paragraph 9.141, SEND CoP

- CCGs will need therefore to satisfy themselves that the arrangements they have in place for participating in the development of EHC plans include a mechanism for agreeing the health provision, which would usually be delegated to the relevant health professionals commissioned by the CCG. CCGs may however wish to have more formal oversight arrangements for all EHC plans to which they are a party.

- There should be a clear process for the responsible commissioning body to exercise its responsibility where the provision within an EHC plan is of a type or quantity not normally available.
- The responsible commissioning body (CCG or NHS England) is responsible for arranging all the health care provision in Section G, irrespective of who actually delivers or provides it.



Section H1: Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA) Regulation 12(1)(h)(i) - Special Educational Needs and Disability Regulations 2014

What to include in each section of the EHC plan.	Additional guidance.
<p>p. 153 - 158, SEND CoP</p> <ul style="list-style-type: none"> Section H1 of the EHC plan must specify all services assessed as being needed for a disabled child or young person under 18, under section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA). Provision should be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise. It should be clear how the provision will support the achievement of the outcomes. It should be clear as to how advice and information gathered has informed the provision specified. <p>See paragraphs 9.137 to 9.140 of the SEND CoP for more information on maintaining social care provision in EHC plan</p>	<ul style="list-style-type: none"> If any social care needs have been identified in Section D, the local authority needs to establish which of these needs are 'eligible' needs under the CSDPA which the local authority has a duty to meet. Provision to meet these needs must then be included in <i>Section H1</i>. The range of social care services that can be provided under CSDPA is very wide. The services specified under CSDPA are: <ul style="list-style-type: none"> Support at home, for example with personal care or eating; Support to access the community such as after-school clubs or play schemes. This includes community based short break schemes; Assistance with travel to access the community; Help with adaptations to the home; and Help with the costs of holidays, meals and/or telephones. If a need identified during the assessment can be met with the provision of one of these types of services, the local authority must decide whether it is 'necessary' for them to meet this need. In reaching this decision the local authority should take into account the family's circumstances, including the situation of the parents and the needs of other children in the family. Services assessed as required under CSDPA must be provided regardless of resources. Once a child/family has been assessed as eligible for support under the 1970 Act there is a specific duty to provide them with services to meet their assessed need.

Section H2: Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN.
Regulation 12(1)(h)(ii) - Special Educational Needs and Disability Regulations 2014

What to include in each section of the EHC plan.	Additional guidance.
<p>p. 153 - 158, SEND CoP</p> <ul style="list-style-type: none"> • Social care provision reasonably required may include provision identified through early help and children in need assessments and safeguarding assessments for children. • Section H2 must only include services which are not provided under Section 2 of the CSDPA. For children and young people under 18 this includes residential short breaks and services provided to children arising from their SEN but unrelated to a disability. <p>See paragraphs 9.137 to 9.140 of the SEND CoP for more information on maintaining social care provision in EHC plans</p>	<ul style="list-style-type: none"> • If social care needs have been identified in <i>Section D</i>, but the local authority does not consider that there is a duty to meet these needs under <i>Section 2</i> of the CSDPA, provision to meet those needs should be included in <i>Section H2</i>. This includes any services being provided under: <ul style="list-style-type: none"> • the Children Act 1989; or • the Care Act 2014 (for a young person over 18). • If a young person is eligible for adult care and support under the Care Act 2014, they must receive an adult care and support plan. Where they also have an Education Health and Care plan, the adult care and support plan should be incorporated into <i>Section H2</i>.

Section I: Placement
Regulation 12(1)(i) - Special Educational Needs and Disability Regulations 2014

What to include in each section of the EHC plan.	Additional guidance.
<p>p. 153-158, SEND CoP</p> <ul style="list-style-type: none"> • The name and type of the school, maintained nursery school, post-16 institution or other institution to be attended by the child or young person and the type of that institution. • These details must be included only in the final EHC plan, not the draft EHC plan sent to the child's parent or to the young person. 	<ul style="list-style-type: none"> • Once a draft plan has been received, parents or young people can request that a particular education institution is named in the plan. A local authority must name the education institution requested unless they believe that the child or young person's attendance would: <ul style="list-style-type: none"> • not meet their special educational needs; • be incompatible with the efficient education of others; or • be incompatible with the efficient use of resources.

Section J: Personal Budget (including arrangements for direct payments)
Regulation 12(1)(j) - Special Educational Needs and Disability Regulations 2014

What to include in each section of the EHC plan.	Additional guidance.
<p>p. 153 - 158, SEND CoP</p> <ul style="list-style-type: none"> This section should provide detailed information on any Personal Budget that will be used to secure provision in the EHC plan. It should set out the arrangements in relation to direct payments as required by education, health and social care regulations. The special educational needs and outcomes that are to be met by any direct payment must be specified. Where a direct payment is proposed for special educational provision, local authorities must secure the agreement of the early years setting, school or college, if any of the provision is to be delivered on that institution's premises. 	<ul style="list-style-type: none"> Where the personal budget and/or direct payments is related to special educational provision (<i>Section F</i>), the amount identified as available must be sufficient to secure the specified provision in that section. 

Section K: Advice and information
Regulation 12(4) - Special Educational Needs and Disability Regulations 2014

What to include in each section of the EHC plan.	Additional guidance.
<p>What the CoP says</p> <ul style="list-style-type: none"> The advice and information gathered during the EHC needs assessment must be set out in appendices to the EHC plan. There should be a list of this advice and information. 	<ul style="list-style-type: none"> The advice should be signed and dated. The advice and information gathered during the assessment should inform the relevant sections of the EHC plan: the needs in <i>Sections B, C and D</i>, and the provision in <i>Sections F, G, H1 and H2</i>.



The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC Council is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provide a unique overview of current issues. It also enables us to promote collaboration and partnership working among organisations.

CDC hosts the following networks, projects and campaigns:

- Early Support;
- Every Disabled Child Matters campaign;
- Independent Support;
- Information, Advice and Support Services Network;
- Making Ourselves Heard;
- Preparing for Adulthood;
- Special Educational Consortium;
- Transition Information Network.

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